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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

	20	1	97	
or.	Dist.	No.	51	

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Street No ... (If rural, give LOCATION) How long in hospital or institution?. 2.(a) tf veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; thel I attended deceased from 7. Birth date of deceased (mo., day, yr.) Days If less than one day 8. AGE: Years (Town, county, 10. Usual occupation. 11. Industry or business 12. Name..... Other conditions. 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name. Major findings of operations .. 15. Birthplace 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof... Accident, sutcide, or homicide..... (month) (day) (year Where did injury occur? ..... (City or town) (County) (State) injured at home, farm, lodustry, public place (where?) ..... Injured at work? Means of injury 1B. Funeral director

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2411 N. Charles St., Baltimo	2411	N.	Charles	St.,	Baltimo
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Charles	St.,	Baltimore	6

CERTII	FICATE	OF DI	EATH

CALLERT STREET			(For newborn infants give residence of mother)  State	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State			
ong in above pla	ce of death?		Cily or town (If outside city or town limits, write RURAL	and give nearest town)			
lal, Institution,	or street address where	death occurred:	Street No				
ong in hospital	or Institution?		(If rurs), give LOCATION)  2.(a) If veteran, name war				
) FULL NA			3. (b) Soci	al Security Number			
	Carro	1 Gray.		20			
1	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICA	TION			
m	C	X	20. DATE OF DEATH	19.47at 7			
Name of husba	nd or wife		21. I CERTIFY that death occurred on the date above stated; thal	attended deceased from			
			vears 18, to	ass			
th date ol			and thal I last saw halive on	19			
GE: Ye	ars   Months	Oays Itless Ihan one day	Immediate cause of death	DURATION			
16		hrs.	min. Didon				
atheless 7	nasylana	/.	Due to				
	(10wn,	County, and state)	1) iabite coma				
sual occupatio	- Laryn	4 /Z	Due to				
ndustry or busin							
2. Name	Willie ,	Gray.	Dther conditions				
	md	1011	(Include pregnancy within 3 months of death				
14. Maiden nan	mar	garet Butle	Major fiedings of operations				
5. Birthplace	md.	_	major negings of operations				
-	Niebie-	Hrou.	Aulopsy results.				
oformant	7	e Sad	PHYSICIAN: Please underline the cause to which death should	d he charged statistically.			
ddress	mulu	ac - via.	22. VIOLENCE: Il death was due to external causes, lill in the lo	Howing:			
ural, cremat	on, or removal, Which?	Date thereof	Accident, sulcide, or homicide	Date of			
metery or crem	VADA	ud Creek in	Where did Injury occur? (City or town) (Cou	nty) (State)			
0	alvest.		Injured at home, farm, Industry, public place (where?)				
cation		- 10		at work?			
Funeral director	F. E. S.	ewer.		)			
dress	Pru	nee trederick	ma 23. SIGNATURE I de Villarual				
1-	3 1947	H-W-Wa	rd	M. D. or other			
Date rec'd by			egistrar   Address	.Date signed			

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### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: Calling	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	state Maryland county Calvert.
tow long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
lospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
low long in hospital or Institution?	2.(a) If veteran, name war
arthur Gross.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. 0 x	20. DATE OF GEATH 1-21, 19.47, 21 2
Alire gross.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
(b) Name of husband or wife	18 46, 10 Jan 2, 19 7
Right date of	and that I last saw halive on
deceased (mo., day, yr.) March /5, /9//	Immediaje cause of death
. AGE.	Resposing talline
36 /8 6hrsmin.	
9. Birthplace. Md. (Town, county, and state)	Oue to.
10. Usual occupation Laboer.	y our munu,
11. Industry or business	Que to
	Au
12. Name	Other conditions
Mary Parkage	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Parraw.  15. Birthplace Md.	Mojor findings of operations.
₹ 15. Birthplace V Q	
16. Informant Samuel 9400	Autopay results
Address Crunce trederick ma.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal, Which?)  Quale thereof	Accident, suicide, or homicide
Cemetery or crematory	Whera did Injury occur?
Location Causest	Injured at home, farm, Industry, public place (where?)  Maana of Injury  Injured at work?
18. Funeral director. P. E. Seevell.	Maana of Injury Injured at work?
Address Prine Frederick, Md.	23. SIGNATURE T de Villarreal D
10 1-21 10 47 N. W. Ward	M. D. or other

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

A.				
				51
10.8.5.711	Reg.	Dist.	No	

	The second secon			
1. PLACE OF DEATH: Calvest  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State. Waryland.  County.  City or town. (If outside city or town limits, write RURAL and give nearest town)  Streel No  (If rural, give LOCATION)  2.(a) If veteran, name war.			
3. (a) FULL NAME  The state of	3. (b) Social Security Number  MEDICAL CERTIFICATION  30			
F	20. DATE OF DEATH 24 1947, 21 3 A.M.			
6.(b) Namo of husband or wife Esace Thuson  6.(c) If alive, give age 7.2 years  7. Birth dato of deceased (mo., dey, yr.) May. 2, 1878	21. I QERTIFY that death occurred on the date above slated: that I atlended deceased from  19 19 19  and that I last saw h 22 alive on 23 19  Immediate cape of death DURATION			
8. AGE: Years Months Days If less than one dayhrsmin.	Chronic myoradalis			
9. Birthplace. Md (Town, county, and state)  10. Usual occupation Alexan estic.	Due to Atheresiste			
19, Separ occupation	Duo to			
11. Industry or businoss  12. Name Youngers Cepher  13. Birthplaco Virginia	Dither conditions			
14. Maiden name Da Horaum  15. Birthplace	Major findiags of operations.  Date of op.			
16. Informant & Salv Johnson	Astopsy resolts			
Address Livery 700 d /- 26-47  17. Quital, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide			
Cemetery or crematory St Jahra A	Whare did Injury occur?			
Location Calculat				
18. Funeral director. C.E. Sewell Address Prince Frederick Wd	Means of Injury Injured at work?			
Address Printe Frequence VIII  19. 1 - 2 - 19. + 7. W. W. Wasser  (Date rec'd by registrar)  Registrar	Address Addition Buln Bale signed 2 y Jan 47			



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age :	is sl	nown	on	
G	108	1/31	1/47	

# change of MARYLAND STATE DEPARTMENT OF HEALTH 122 G

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# CERTIFICATE OF DEATH

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Pag I	):	Nia		7	0	

1. PLACE OF DEATH: Calvet 1 ospital.  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
Charolette Jones.	3. (b) Social Security Number
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F C. X	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CEBTIFY that death occurred on the date above etated; that I attended deceased from  19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Yeare Months Days If less than one day	Immedia in sauce of Asath DURATION
9. Birthplace. Maryland.  (Town, county, and state)  10. Usual occupation.  11. industry or businese	Due 10.
12. Name John Joseph 13. Birthplace	Other conditions
14. Malden name Sarah Jones	(Include pregnancy within 3 months of death)  Major findings of uperations
E 15. Birthplace VM Q	Date of op.
16, Informant William Gones.	Autopay results
Address Parties, VACI	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory Mt Nope	Whera did injury eccur?
Location Calvert	Injured at home, farm, Industry, public place (where?)  Meene of injury  Injured at work?
18. Funeral director. P. Z. Sewell.	A A A
Address Prince Frederick, mg	23. SIGNATURE HOEGINOU.
19. 1-18 19 47 H. W. EVas (Date rec'd by registrar) Registrar	Address Hullingtown Date signed 17 June 47

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
m. C.	20. DATE OF DEATH. 1-24 19 47 21 1 4 7	
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(b) Name of husband or wife		
7. Birth date of 9 10 11 11 11 11 11 11 11 11 11 11 11 11	and that I fast saw halive on	
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  1 8	Immediais cause of death	
9. 8irfhplace md. (Town, county, and atate)	Oue to	
t0. Usual occupation	Due to	
12. Name Earthast Markall  13. Birthplace md.	Other conditions	
14. Maiden name Virginia denkiss.  15. Birthplace Md.	(Include pregnancy within 3 months of death)  Major findings of operations	
	Bate of op.	
16. Informant Early hast Mackall Address Dunkisk, nd.	Autopsy results	
17. Burial cremation, or removal Which?)  Cemetery or crematory Advantage (month) (day) (year)	Where did Injury occur? almebus alme 1/19	
0.0.0.4	(City or town) (State)  Injured at home, farm, industry, public place (where?)	
Location Calladan	Means of Injury	
18. Funeral director. P. E. Sacrifell.  Address Pruce Frederick myd	Algamore mel estamo	
AUUTESS 2/ /// 2/2	23. SIGNATURE M. D. or other	
19. 19. 19. 19. 19. 14. W. Wars	Address Amblication Date signed Issue 47	

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information of is especially important. Physicians: please write the causes of death clearly

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No. 5

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
97. J. C.	2D. DATE OF DEATH 1-24- 1947 at 1977. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 9.0.4.3.4.0.4.4.	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death. OURATION
8. AGE: Years Months Days If less than one day 2/min.	Suffection
9. 8irthpiace 7774 (Town, county, and state)	Due to. Fire
10. Usual occupation	Oue to.
11. Industry or business	/
12. Name Eart Rat Mack all.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Virginia, Jenkus.  15. Birthplace	Major findings of operations
E 15. Birthplace	Date of op.
16. Informant Carl than macItall	Autopsy results
Address Dunkink, mg,	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (month) (day) (year)	Accident, suicide, or homicide. Oldschara all. Date of 2 Day 9
N = 00. 0 = 001	Where did Injury occur? Dembish Calcust (MV) (City or town) (County) (State)
Location , Calculation , Calcu	Injured at home, farm, Industry, public place (where?)
18. Funeral director. P.E. Sawell.	Means of injury Injured at work?
Address Prince Frederick, Mag	23 SIGNATURE TO SERVICE CORONIC
19. 1-2+ 19.47 N-W. Ward	Address Fine taion M. D. or other X7

JAN 29 1947
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LAINLY, WITH UNFADING INK. Supply every item of information carefully. The correspecially important. Physicians: please write the causes of death clearly and legibly.

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(Date rec'd by registrar)

	CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH:  County		2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County County County County City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.  3. (b) Social Security Number
	4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
	5.(b) Name of husband or wife  5.(c) If alive, give age years 7. Birth date of deceased (mo., (sy. yr.) Oct, 5, 1943  8. AGE: Years Months Days If less than one day 3 3 hrs. min.  9. Birtholace (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
	11. Industry or business  12. Name Early hart mackall  13. Birthplace Md.  14. Maiden name Ustragania feutrus  15. Birthplace Md.	Dither conditions  (Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
	16. Informant Earth art Mackall,  Address Dunkink, Md.  17. Burial Date thereof (month) (day) (year)  Cemetery or crematory Della Creak  Location Calverta  18. Funeral director PE Secual Address Prince Prederick Md.  19. 1-21- 19. 17 Newsonth Registrar	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, sutcide, or homicitie. Outstand Date of Your 47  Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Msans of Injury injured at work?  23. SIGNATURE. (M. D. or other Address Handlings of the cause

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# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give recidence of mother)	f-
10 1.1 1.221 0	State Maryland County Calvel	T
(If outside city or town limite, write RURAL and give nearest town)	Ilumbial mid	
How long in above place of death?	City or town	nearest town)
Hospital, Institution, or street address where death occurred:		
	Street No	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Securit	y Number
martha B Markall		
1110001001		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
	1-701 114	17
	2D. DATE OF DEATH	, al
	21. I CERTIFY that death occurred on the date above stated; that I attended do	eceased from
6.(b) Name of husband or wife		
6.(e) tf alive, give ageyea	rs	
7. Birth date of	and that I last saw halive on	
deceased (mo., dsy, pr.)	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	following	
4 7hrsmir		
		*****
9. Birthplace 70 d (Town, county, and etate)	Oue to	
(Town, county, and etate)		960
10. Usual occupation.		
19, 9340, 9340,	Due to	
11. Industry or business		****
12. Name Earthart Machall 13. Birthplace Mg.	Dther conditions	
E		
	(Include pregnancy within 8 months of death)	
# 14. Maiden name Utralinia Perterna		
14. Maiden name Uirginia Jenking  15. Birthplace md	Major findings of operations	
≥ 15. Birthplace	Date of op	
16 Informant Earl hart Mackall.	Autopsy results	
10, 1110 mail	PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.
Address Alunkut Ma.	22. VIOLENCE: If death was due to external causes, Illyin the following;	0
1-25-47	Accident, suicide, or homicide Chiestinsolus. Date of 2 4 June 4 7	
17. (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide.	m
11-00 P - 4 mad	Where did Injury occur? Desiduid Calcut	(State)
Cemetery or crematory	(City of County)	
Location Calciert-	Injured at home, farm, Industry, public place (where?)	
	Means of Injury Injured at work?	
18. Funeral director. P. E. Sowell	··· and	tring
0.	A Ala A D	. / /
Address Free Trick in	23. SIGNATURE MOTHER MILE	varia
1-25 12 N 711-116-1	Off.	U, or other
19	ar Address 102222 Date signi	ed 25 pm +

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

2 HIGHAL DESIDENCE (MOME) OF DECEASED.

Par Diet No. 5/

County	(For newborn infants give residence of mother)  State
Frances Reid.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace 77. AML and (Town, county, and atate)  10. Usual occupation Manual Ameliand	Due 10. Due 10
11. Industry or business    12. Name	Other conditions :
16. Informant Goseph Reid  Address Sunderland  17. Burial Date Ihereof (month) (day) (year)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide
Location Calvert es mid.  18. Funeral director. P. E. Sewell:  Address Prince Frederick, and,	Where did Injury occur?
19. 1-6 19 47 H. W. Wase (Date rec'd by registrar)  Registrar	Address Truice Freduick Date signed Jan 14:

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No. .........

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Bertha Reio	3. (b) Social Security Number
4. Sex 5. Color or raca 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FCX	2D. DATE DF DEATH. 7 Jan. 6 5% M
6.(b) Name of husband or wife. At here Rise	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1 Dec 1944, 10 8 your 1947
7 Right date of	and that I last saw h. Ch. alive on Place 19.4.
deceased (mo., day, yr. Nov, 10, 1831	Immediate carge of death
8. AGE: Years Months Days If less than one day	Узишана -
5-6hrsmin.	browles 2 with
San 4	Cololinato
9. Birthplace	Due to
Manne 11/1/0.	
10, Usual occupation.	Due to
11. Industry or business	
12. Name War Warre	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Galarias 's  15. Birthplace mat.	Major findings of operations.
\$ 15. Birthplace M.S.	Date of op.
16. Informant Stephen Rice.	Autopsy results
Address Paris ma	
P 1 2 17 417	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
ms Wan	
Cemetery or crematory	Where did injury occur?
Location Carolite.	Injured et home, farm, Industry, public place (where?)
18. Funeral director P. E. Scuelle	Means of Injury Injured all work?
Address Prince Frederick ma	23. SIGNATURE ALLOSS SULLEY
Quella 42 Thomas & Mittel	M. D. or other
(Date rec'd by registrar)  Registrar	Address Date signed

JAN 29 1947

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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Din	7.0	4	~
	D:	Di . N	Dist No. 5/

1. PLACE OF DEATH: Calvert	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	Slate md. County Call
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)  Street No.
	(tf rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Joseph Saunders,	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mCX	20. DATE OF DEATH
6.(b) Hame of husband or wife Henrietta Saunders	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 2 2 2 1 5 2 2 2 1 5 2 2 2 2 2 2 2 2 2 2	19 to 19
1. Birth date of 2370 1890	and that I last sew harm alive on
deceased (mo dey. yr.) Yr. aug 45 1000.  8. AGE: Years   Months   Days   If less than one day	Immediais cause of death DURATION  Mental Kalensialism
57min.	A STATE OF THE STA
9. Birthplace (Town, county, and state)	Due to artino states is
10. Usual occupation Saborer.	Oue fo.
11, industry or business	006 10
12. Name. Some Saunders  13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Susan Holland,  15. Birthplace	Major findings of operations.
S 15. Birthplace	Dale of op.
16. Informant Harrietta Saunders.	Autopsy results.
Address mulual, md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 10 11 7	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, cremation, or removal. Which?)  [Burial, cremation, or removal. Which?]	Accident, suicide, or homicide
Cemelery or crematory Brooks Chakel.	Where did Injury occur?
location Calvert.	Injured at home, farm, Industry, public place (where?)
OF 50,000	Means of Injury Injured at work?
18. Funeral director Prince Frederick, rug.	(2, 2, 2) N
1 15	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address huice heatreer Date signed 1 / 8 / 1



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

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113	Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Catrus	
City or lown	State County Calfridate
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	
S.(a) FULL NAME	3. (b) Social Security Number
Marion Key Lymnon	0 70
4. 5ex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W /3	20. DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated; that 1 atlended deceased from
6.(b) Name of husband or wife	19 to
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) July 29, 1877	
8. AGE: Years Months Days It tess than one day	
69 5 7hrsmin.	State of the state
Calve & Con Znel	Que to.
9. Birihplace (Town, county, and state)	DUE 10-CO
10. Usual occupation Farmer	
	Due Io
11. Industry or business	
12. Name Calvina W. Jermans  13. Birthplace	Other conditions
S ( ) ( )	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace m.	
16 Interment Sally 7, Summons	Autopsy results.
18 '51	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 16 annua Ma	22. VIOLENCE: If death was due to external causes, fitt in the tollowing:
(Burial, eremation, or removal. Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemelery or exematory I was Light Light Company That I	Where did injury occur?
Location Bourses	Injured al home, tarm, Industry, public place (where?)
1 1 4/2 6 200 (20)	Meens of Injury Injured at work?
1B. Funeral director. La	
Address Mutual, Ind.	DO CIONATURE
1-8 11 74.1111/and	23. SIGNATURE
(Date rec'd by registrar)  Registrar	Address Dale signed

JAN 11 1947 BUREAU V B

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

820

# CERTIFICATE OF DEATH

Reg. Diat. No. 5

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war  3. (b) Social Security Number
M W M	MEDICAL CERTIFICATION  20. DATE DE DEATH. UANGRY 24 19 4.7, 21 10 -5-5 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  1. 19.4.5.10. 19.4.5.10. 19.4.7.
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years   Months   Days   If less than one day  hrsmin.	Immediate cause of death DURATION DURATION
9. Birthplace (Town, county, and state)	Due to Alleria solera sus
1D. Usual occupation	Due to
12. Name alles Mallinan expectance 13. Birthplace	Other conditions
14. Maiden name Clay aseth reland	(Include pregnancy within 8 months of death)  Major fludings of operations
15. Birthplace	Date of op
Address August A	Autopay results
17	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or oremetery Lawren In arthur Cemetery	Where did injury occur?
Location Lasurer Dr. arlbon and O	Injured at home, farm, Industry, public place (where?)
18. Funeral director Co. H. Hant Chans of Sous	Means of Injury Injured at work?
Address Owing S	23. SIGNATURE DE LES TONIONES DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE
19. (Wate ree'd by registrar)  Registrar	Address Prince Frederick Md Bate signed 1-25-47

JAN 29 1947 BUREAU VA

P. M.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	Stale County Catre
How long in above place of death?	City or lown(If outside city or town fimits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Carried Co., Stage	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Delia Sl. William	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Wichowed	20. DATE DF DEATH. 20. 24. 19. 47. 01 / P. M
6.(b) Name of husband or wife Julius Williams	21. I CERTIFY, that death occurred on the date above stated; that I atlended deceased from
7. Birth dale of	
7. Birth dale of deceased (mo., day, yr.) Sept. 9, 1877	and that f last saw h A allve on 2 4 19 47
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
69 3 15hrs	
9. Birthplace Calrey to Man	Due to
10. Usual occupation	
	Due to
11. Industry or business  12. Name Walter B. Williams	
12. Name 12.	Other conditions (Include pregnuncy within 3 months of death)
14. Maiden name Pransie Rebelle Denting	(Include pregnuncy within 3 months of death)  Major findings of operations.
15. Birthplace	Date of op.
18. Informant Walter Williams	Aotopsy results.
Address Lusty, Jud	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial A Bate thereof Jan 26, 1947	22. VfOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Whiteh?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Muelolikan Chafeef	Where did injury occur?
Location - Quality Trid	Injured al home, farm, Industry, public place (where?)
1 1 45 1 40	Means of Injury Injured at work?
18. Funeral director.	# 52 LA
Address Mulual, Toda.	23. SIGNATURE
1-25 st7 Hirwans	M. D. or other
(Date rec'd by registrar) Registrar	Address trince trede il Mode signed 1-25-47

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

FOR BINDING

MARGIN RESERVED

JAN 29 1947 BURHATI V 8